

Positive choices

helping prevent suicide across Wales

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Applied Suicide Intervention Skills Training (ASIST) in Wales

impact and effectiveness

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The impact of the ASIST programme delivered by Mind Cymru's Positive Choices Project in Wales between February 2009 and July 2011.



O blaid gwell
iechyd meddwl

For better
mental health





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1 Summary

- Suicide and self-harm are a significant cause of distress within the population.
- Positive Choices aims to help reduce the suicide rate across Wales, and promote mental health by improving the professional and public response to the serious mental health problems experienced by individuals with thoughts of suicide.
- Funded by the Big Lottery, the project is a five-year programme that provides training to frontline workers and community members to equip them with the skills and confidence to give an immediate and appropriate response to anyone thinking about suicide.
- This approach promotes good mental health by recognising the serious mental health problems experienced by people with thoughts of suicide, and the potential for trauma, stress, and mental distress in those seeking to help them.
- This report demonstrates how Positive Choices is contributing towards the reduction of suicide and self-harm in Wales.
- The project raises awareness of suicide, breaks down stigma, and encourages communities to see that suicide prevention is everybody's business.
- The number of suicides in Wales is gradually decreasing, falling from 332 in 2003 to 258 in 2009.¹
- Until 2008, the Wales rate for male suicides was higher than the UK rate. In 2009 the male suicide rates for Wales and the UK were similar at 17.4 and 17.5 per 100,000, respectively.¹
- Thoughts of suicide are quite common — the adult psychiatric morbidity survey conducted in England in 2007 found that 16.7 per cent of those questioned

had thought about suicide at some point in their lives.² It is estimated that in any one year 3.4 per cent² of the population will have thoughts of suicide.

- For many in Wales working in health, social care, and the voluntary sector, Applied Suicide Intervention Skills Training (ASIST) provides their only training in suicide intervention.
- The project has demonstrated that ASIST increases the likelihood of intervention to a person at risk of suicide and those who have intervened describe positive experiences of this.
- Within organisations, ASIST has led to a better understanding of suicide, self-harm and other mental health issues. Where staff have undertaken ASIST there appears to be a developing understanding that suicide prevention is everybody's business.
- At this stage of the project there is no evidence that ASIST has had an impact on multi-agency working or information sharing.
- Work on attitudes towards suicide and self-harm suggests that adults with an interest in mental health issues understand that suicide is preventable and are prepared to try to help.
- Work on the attitudes of young people suggests that they have quite negative attitudes towards suicide and self-harm.



2 Background

2.1 The Positive Choices project

Mind Cymru's Positive Choices project is a five-year programme. Funded by the Big Lottery, it aims to contribute towards the reduction of suicide and self-harm in Wales. Positive Choices sets out to promote better mental health by relieving the serious mental health problems experienced by people with thoughts of suicide. The project raises awareness of suicide, breaks down stigma, and encourages communities to see that suicide prevention is everybody's business.

Applied Suicide Intervention Skills Training

Applied Suicide Intervention Skills Training (ASIST) trains frontline staff in early intervention. The 14-hour workshop held over two days teaches participants to connect, understand and assist people who may be at risk of suicide.

The intervention is intended to prevent suicidal thoughts becoming suicidal behaviours. ASIST is underpinned by the idea that many people who are thinking about suicide will find some way to signal their intent. The workshops provide training in suicide intervention and are designed to help a person become more ready, willing, and able to help someone who is having thoughts of suicide. ASIST is also a significant element of *Talk to me*, the Welsh Government's suicide reduction and self-harm reduction action plan.³

ASIST is intensive, interactive and practice-dominated to help caregivers — or any people of trust — recognise risk and learn how to intervene to prevent the immediate risk of suicide. It is suitable for mental



health professionals, nurses, doctors, pharmacists, teachers, counsellors, youth workers, police and prison staff, school support staff, clergy, community volunteers, and those training to undertake these roles.

ASIST provides standardised, quality-assured training that establishes a common language for referrals and is building a network across Wales. This promotes the sharing of peer experiences regionally and nationally. Creating a common language between organisations and community is key to ensuring support, both for people experiencing suicidal thoughts and for those assisting them. ASIST aims to help create clear and lasting community and inter-organisational pathways and networks for understanding and communicating suicide risk and appropriate solutions to preventing it.

Previous evaluations of ASIST have shown that it is popular with participants and results in changes in knowledge, attitudes and skills. It has also been shown to have an impact in intervention behaviour.⁴

ASIST has been implemented in Scotland and an evaluation of its use and impact there, based on an internet survey with 534 respondents, concluded that it had been successful in raising awareness of suicide

and increasing the body of people with intervention skills.⁵

The impact of ASIST on suicidal behaviour has not been evaluated. To assess its impact on national suicide rates would require an extremely large study population. Even if this could be achieved it is widely recognised that the cause of suicide is multi determined and includes complex psychological, sociological and biological factors. It would be difficult to attribute any change in rates to one intervention.

ASIST was developed in Calgary, Canada, in the early 1980s and since then over one million people in 22 countries have been trained. ASIST is a significant element of *Talk to me*, the Welsh Government's suicide reduction and self-harm reduction action plan.³

2.2 Suicide and self-harm in the UK

Suicide and self-harm is an important public health issue and a significant cause of distress. Since 2000, within the UK however, the number of suicides of people aged 15 and over has gradually decreased. Within this overall decline, a sharp change was seen in 2008 when numbers increased by 329 to 5,706. In 2009 they fell by 31 to 5,675.¹

Suicide is more common among males. In the UK the male rate was highest in 2000 at 19.9 per 100,000. It declined year on year to 16.8 per 100,000 in 2007, then increased to 17.7 per 100,000 in 2008. In 2009 the rate was similar to the previous year at 17.5 per 100,000. During this period, the highest suicide rates in the UK were among men aged 15 to 44. The rate for this age group in 2009 was 18.0 per 100,000.¹

Suicide rates for women have been consistently lower than those for men and show a steady downwards trend. Between 2000 and 2009 the rate was highest in 2000 at 6.2 per 100,000 and lowest in 2007 at 5.0 per 100,000. The rate increased to 5.4 per 100,000 in 2008 and remained similar in 2009 at 5.2 per 100,000.

Since 2005 rates have been highest among women aged 45 to 74, although they decreased from 6.7 per 100,000 in 2005 to 5.8 per 100,000 in 2009. Suicide rates were lowest among women aged 15 to 44 until 2008, although they were not significantly different to those for women aged 75 and over. In 2009 the rates for these groups were 4.9 and 4.7 per 100,000, respectively.¹

Suicide in Wales

Until 2008 male suicide rates in Wales were higher than the UK rates. The highest rate was in 2003 at 23.1 per 100,000, compared with 18.1 per 100,000 for the UK. In 2009 the male suicide rates for Wales and the UK were similar at 17.4 and 17.5 per 100,000, respectively.¹

The number of suicides gradually decreased between 2000 and 2009, falling from 332 in 2003 to 258 in 2009. The largest yearly decrease occurred between 2004 and 2005 when suicides fell by 61 from 330 to 269.¹

Rates tended to be highest in males aged 15 to 44, although they have fallen sharply in this age group from 29.7 per 100,000 in 2003 to 18.8 per 100,000 in 2009. Rates have been lower among men aged 75 and over and 45 to 74, and they have shown similar decreases. In 2009 the rates for these groups were 14.0 and 15.9 per 100,000, respectively.¹

Suicide rates for females in Wales were much lower than rates for males over this period. The rate peaked in 2003 at 6.6 per 100,000 and was lowest in 2007 and 2009

at 4.3 per 100,000. There was smaller variation across the female age groups than the male age groups. In 2009 the rates for those aged 15 to 44 and 45 to 74 were 4.1 and 4.5 per 100,000 respectively. Among women aged 75 and over, there were seven suicides in 2009.¹

Self-harm in Wales

The most reliable information on self-harm in Wales comes from information on hospital admissions. Many individuals who harm themselves may not seek health care. Of those who do, only a proportion of those will require hospital admission. The likelihood of being admitted to hospital following self-harm will be influenced by the severity of the self-harm but also by other factors including the availability of beds and alternatives to admission.

The most up-to-date information in Wales comes from data for the period 1999 to 2006. Over this time there were an average of 6,000 emergency admissions (continuous periods of hospital care) per year with a diagnosis of self-harm. Of these admissions 56 per cent were females.⁶

The age and gender pattern of admissions for self-harm is very different from that seen for suicides. There are higher rates among women than men among almost

all age bands. Self-harm shows a highest prevalence among females aged 15 to 19, with little evidence of any second peak among the elderly.⁶

Among males aged 15 to 44, rates of admissions for self-harm have been decreasing during the time period. Rates of self-harm among the youngest age group (10 to 14) were much lower than for others but increased from 32 to 47 per 100,000 population during the time period. Rates of admissions for self-harm also increased in the younger age group (10 to 14) in women, from 134 to 233 per 100,000 during this period. Self-harm admissions among the 15- to 17-year-old age group also increased.⁶

Suicide ideation

The Adult Psychiatric Morbidity Survey conducted in England in 2007 found that 16.7 per cent of those questioned had thought about suicide at some point in their lives.

5.6 per cent said that they had attempted suicide and 4.9 per cent reported self-harm. 0.6 per cent had thought about suicide in the past week and 3.4 per cent in the past year. There was an increase in suicidal thoughts among women between the 2000 to the 2007 surveys and an



increase in reports of self-harm, particularly among women aged 16 to 24.²

63 per cent of men and 58 per cent of women who reported suicide attempts said that they had sought help following their last attempt. The most common sources of help were a GP or family doctor, hospital or other specialist medical or psychiatric services, and family, friends or neighbours. Younger adults were the most likely to have sought help. 70 per cent of those aged 16 to 34 reported that they would seek help compared with 51 per cent of those aged 55 or over.²

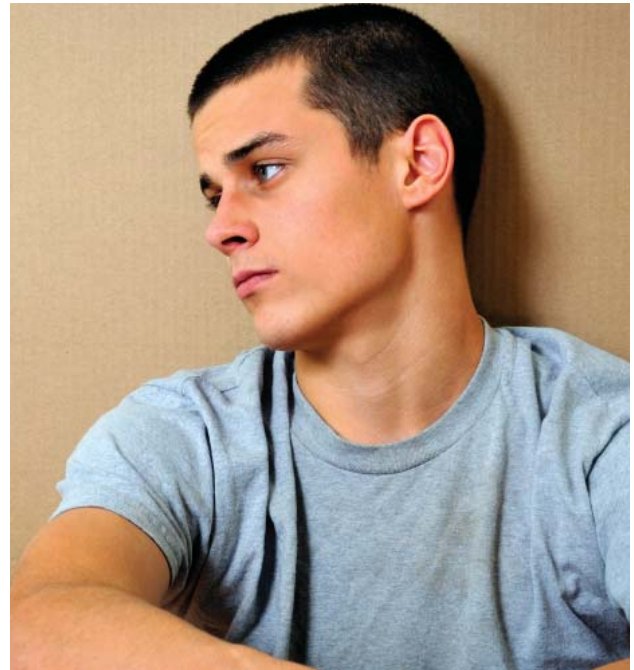
2.3 Evaluation of the Positive Choices project

This document sets out a mid-project report based on a review of data collected by Positive Choices. The report covers both the impact of ASIST and a baseline assessment of public attitudes towards suicide and self-harm.

The evaluation of ASIST follows the Kirkpatrick model.⁷ This is a model designed specifically for evaluating training programmes and considers four levels:

Reactions – what did participants think about the training programme? Did they enjoy the workshops, did they think they were useful, and would they recommend the training to others?

Learning – what was learnt as a result of the ASIST workshops? Did ASIST increase participants' knowledge and skills? Would they be confident as a consequence of the training of their ability to identify someone at risk of suicide? Do they feel confident to intervene? Would they know who and where to refer someone who is at risk of suicide?



Changes – what has changed in the participant's behaviour? Have there been any changes in participant's behaviour as a consequence of the ASIST workshop? Have they used the skills and knowledge they acquired from training to intervene? Is there any evidence that the intervention was effective?

Impact on organisations and communities – has ASIST had any influence on working practices or attitudes within an organisation whose staff have been trained? Does the training have any influence on multi-agency working?

Information sources

Data has been collected from a range of sources using a variety of tools.

Data collected from those trained in ASIST

Data is routinely collected during the ASIST workshops. Demographic data are collected on participants and information on organisations and sectors represented as part of the booking process. Information on equal opportunities is also routinely gathered and analysed by the project team.

Pre-training and post-training questionnaires are used to assess the training's impact on attitudes and confidence. Data were available from 1,627 pre-course questionnaires and 1,603 post-course questionnaires collected between February 2009 and July 2011. Copies of the pre-training and post-training questionnaires are included in the appendices.

A follow-up questionnaire was sent out in March 2010. 143 completed questionnaires were returned. A second follow-up questionnaire was sent out in November 2010. 321 completed questionnaires were returned. Copies of the follow-up survey questionnaires are included in the appendices.

A further study, using telephone interviews and focus groups, was undertaken in December 2010. Data was collected from 27 interviews and five focus groups. Transcripts from these were analysed using a thematic approach based on the four stages of the Kirkpatrick model.⁷ This is a model specifically designed for evaluating training programmes.

A semi-structured schedule with 12 questions was used for the interviews.

Interviews were recorded using a dictaphone before being transcribed word-for-word by the principal researcher.

The focus groups were intended to further explore the themes identified in the interviews. The focus groups also used a semi-structured interview schedule with 10 questions. Each focus group was made up from members of a single organisation or a single professional network, and members ranged from managerial staff to volunteers.

The full text of the qualitative study is available on the Positive Choices website www.positivechoices-wales.org

Data on attitudes towards suicide and self-harm

Between October 2008 and April 2009, 195 young people aged 12 to 25 were consulted on their attitudes towards suicide, self-harm, and help-seeking behaviour. The full report is available from the Positive Choices website.

An online survey was also conducted on the Positive Choices website to assess public attitudes towards suicide. To date, 385 people have responded to this. A copy of the outreach survey is included in the appendices.



3 Evaluation of ASIST

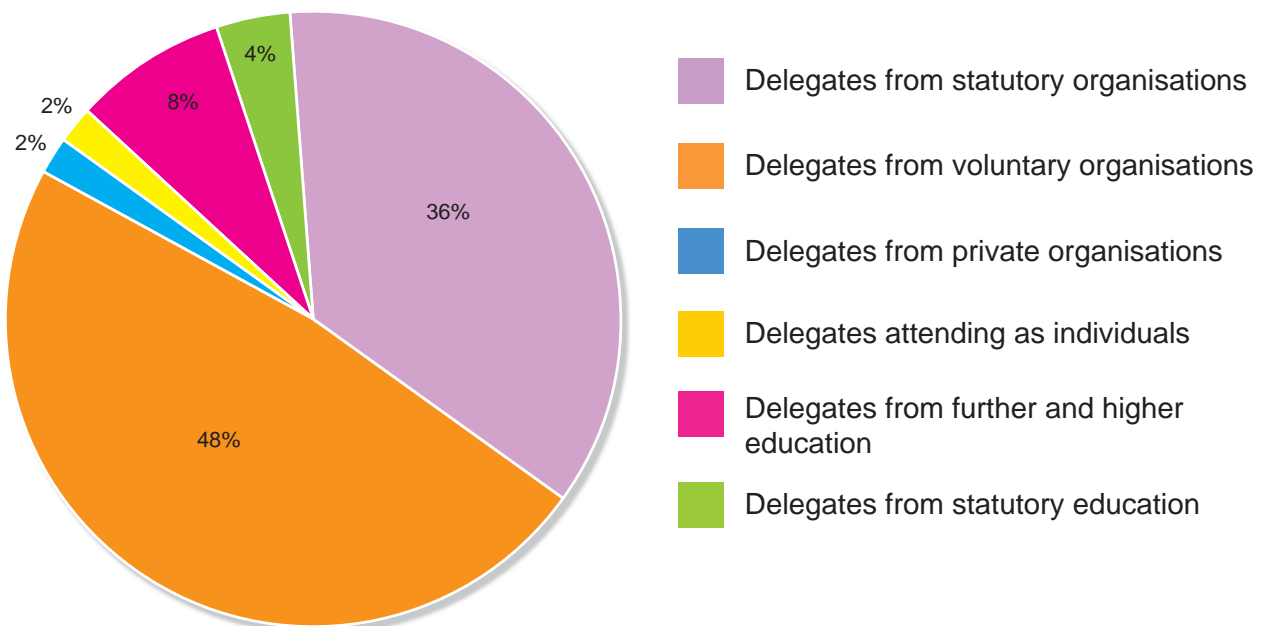
3.1 Who took part in an ASIST workshop?

Between the start of the Positive Choices project in February 2009 and the end of July 2011, 119 ASIST courses have been held, training a total of 2,209 people. Of those trained, 356 (16 per cent) were volunteer places subsidised by the project. 73 per cent of participants were female.

In the first two and a half years of the project the majority of those who took part in ASIST training worked in health or social care in either statutory services or third sector organisations (figure 1).



Figure 1. Sectors represented on ASIST training February 2009 - July 2011

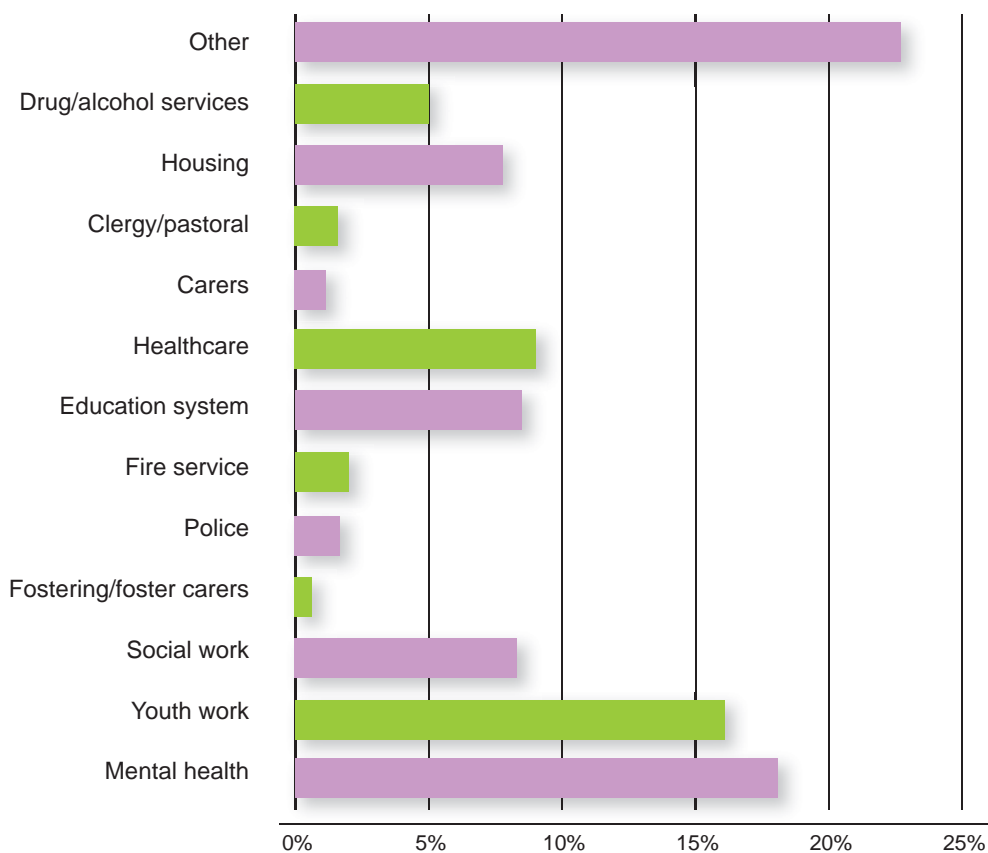




Those attending training are from a wide range of professional and community backgrounds as detailed in figure 2. Many of those who took part in ASIST worked in mental health or healthcare, youth work, social work, housing, education and drug and alcohol services. The 22

per cent who are classified as “others” include counsellors, condition management programme workers, support workers and community volunteers. Emergency services, carers, foster carers and the clergy were also represented (figure 2).

Figure 2. Background of ASIST participants February 2009 to July 2011



3.2 Reactions to ASIST

Participants' experiences of attending the ASIST workshops were overwhelmingly positive. Participants said they would recommend the training to others. They felt that the trainers were well prepared: 89 per cent strongly agreed and a further 10 per cent agreed with this.

"I think the ASIST training gives you everything else you need to be able to help somebody, whether it's in your line of work or personal life, whatever."

"It's definitely a worthwhile training course."

"I thought it was the most useful training I've been on in a long while"

"I thought the training was delivered particularly well, you know, it's a nice mix of varied practice, visuals and stuff. There's a nice balance between the ways that you deliver training."

"Those trainers had passion so I think that's made the difference and that's what made it such a dynamic learning experience; for myself, anyway, it was definitely the people that facilitated it... because they brought everything to life and made it real... it was a great learning experience and I'm just grateful I was able to go on it."

Follow-up interviews 2010

"I would sell it one hundred per cent to anyone who is dealing with another human being."

Follow-up focus groups 2010

Positive responses to ASIST were reinforced by the findings from the in-depth follow-up study. The training was seen as being of a high standard and was valued because it was seen as relevant to the participants' professional and personal lives.

Participants reported that the training provided them with comfort and reassurance. They acknowledged the difficulty and anxiety that exists around using the word suicide. The demanding nature of ASIST workshops was also raised; during the workshop participants must be involved and engaged. They cannot sit back.

"I wasn't sure what to expect at first but it was really good... for such a heavy subject matter it's dealt with in a really good way."

"Oh, uncomfortable at first but then just so powerful and the guys who delivered the training were fantastic you know they were really good at the training as well."

"It was damn hard. But I knew I was going back the next day because I wanted to complete it."

"Well I guessed once we got there that this wasn't going to be a kind of fluffy course. We weren't going to read a few PowerPoints and sit around feeling pleased with ourselves. So I was ready for it to be gritty."

"Hard, very hard for people... but thank you, it's been invaluable."

Follow-up focus groups and interviews 2010

Participants felt that the workshops provided a safe environment within which they could explore and confront difficult issues. Participants liked the simplicity and clarity of the ASIST model. They found the booklet and card they were given useful.

The experiential aspects of the training, specifically the role play, were seen as highly effective. When ASIST was evaluated in Scotland⁵ the vast majority of participants reported positive reactions to the training and like those in Wales found it useful and relevant. In Scotland, the most useful aspects were seen as the discussion of attitudes to suicide prevention and learning the ASIST intervention model. There were also some negative reactions, such as dislike of the role play, and mixed views on the intervention model.

This contrasts with the findings from Wales. Despite some initial hesitation, many participants commented on how beneficial they found the role play.

What parts of the workshop helped you feel better prepared?

“Surprisingly, role play was the most helpful.”

“Role play – even though I didn’t feel comfortable doing this, the trainer made it easy to participate. It was good to practise using learnt skills.”

“As much as I didn’t want to do it the practice was great, also helped to see how others worked.”

Post-course feedback

Suicide intervention can have a significant impact on the people who intervene as well as those receiving the intervention. Arguably this is a unique aspect of professional roles, particularly as a suicide intervention is likely to be an intense, one-to-one event that involves significant and sometimes lengthy interpersonal interaction.

“I think this more personal side came into it... what you do really can be life changing to somebody else and to you, too.”

Follow-up focus groups 2010



Data from both the focus groups and interviews showed that for some participants ASIST led them to reflect on their previous experiences of intervening with someone at risk of suicide. Many had questioned their effectiveness but the workshops had provided them with reassurance that they had done their best. For some, the experience seems to have been cathartic.

“And I suppose I was being quite reflective... thinking would this training have helped, you know, if I'd had the training could I have helped better?”

“But I've got personal experience with friends and family, so a lot of my personal feelings came out and a lot of my feelings of uselessness were resolved so that was brilliant for me, and it felt so beneficial.”

“I can put a lot of things to bed knowing I didn't do anything wrong.”

“So stuff I might have done instinctively and it kind of confirmed it to me... it was almost like a relief in a way.”

Follow-up focus groups and interviews 2010

3.3 What did participants learn?

Although 81 per cent of those who attended a workshop reported that they had previous experience of helping someone at risk of suicide, nearly 70 per cent had not previously had any suicide intervention training (figures 3 and 4).

Figure 3. What training in helping a person at risk of suicide have you had before?

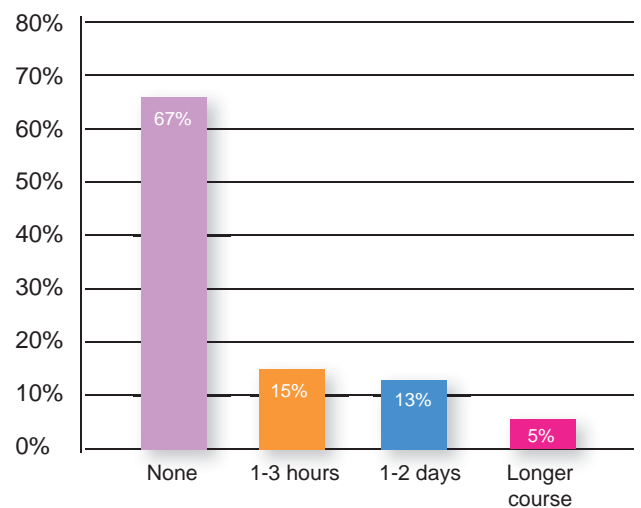
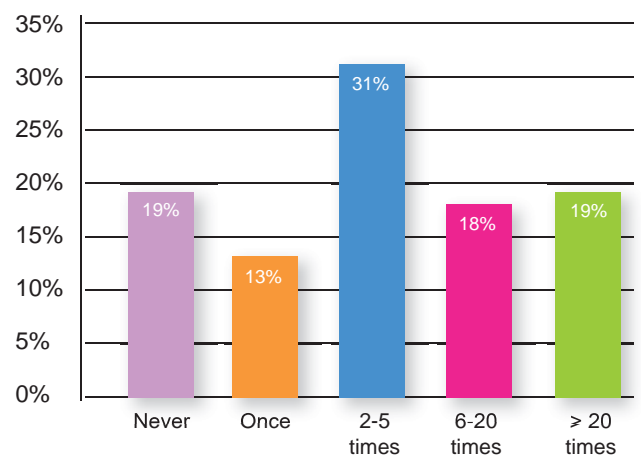


Figure 4. What experience have you had of talking to someone about suicide?



Preparedness to help

Experience in training and helping a person talk about suicide was reflected in the reported levels of preparedness to help someone at risk of suicide. Before completing ASIST most participants reported that they were either not prepared or only partly prepared to help someone who they thought was at risk of suicide, with only 12 per cent feeling that they were mostly prepared and 3 per cent that they were well prepared.

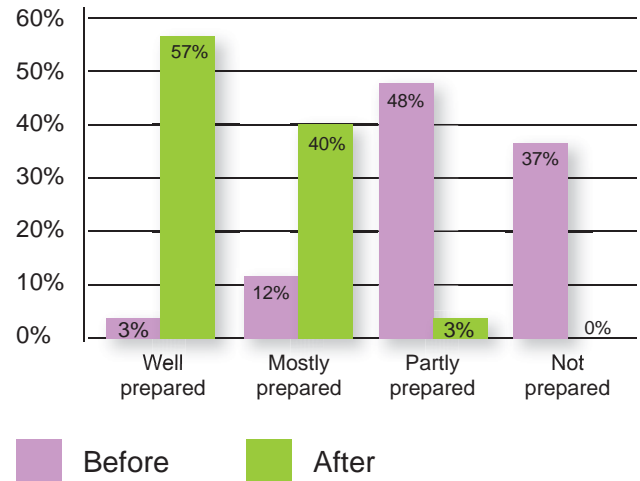
After completing the training this changed significantly with 57 per cent reporting they felt well prepared and 40 per cent mostly prepared to help (figure 5).

Follow-up surveys created an opportunity to gauge how robust this increase in confidence might be after the training was completed and whether this confidence persisted over time.

Those who responded to the two follow-up surveys conducted so far had undertaken their training up to 18 months before completing the questionnaire. The findings

Figure 5. How prepared do you feel to help a person at risk of suicide?

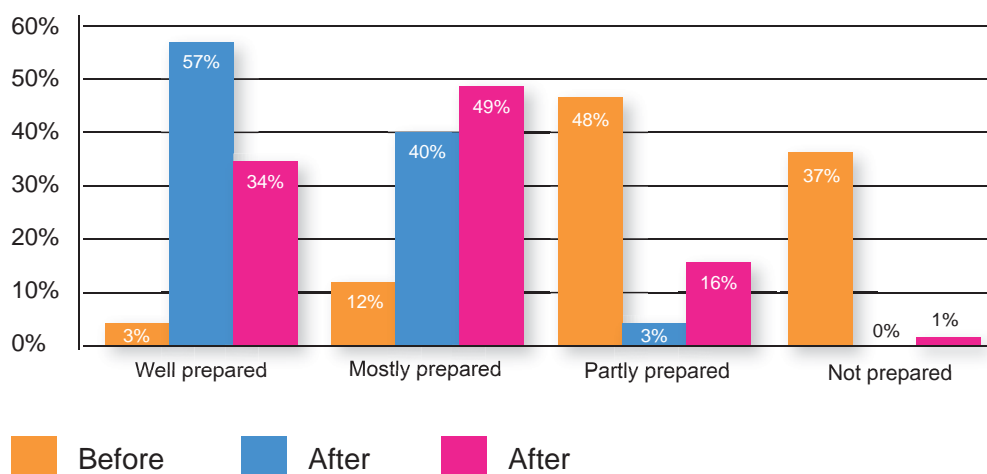
(Pre-training and post-training comparison)



show that while, as expected, there was some decrease in reported levels of preparedness compared with immediately after the training, there continued to be a significant improvement compared with what people reported before the training. This suggests that the benefits of ASIST were largely maintained over time (figure 6).

Figure 6. How prepared do you feel to help a person at risk of suicide

(Pre, post and follow-up comparison)



Confidence in helping people

To assess the effectiveness of the ASIST programme it is essential to evaluate the impact of the training on behaviour. Participants anticipated that their behaviour would change, as demonstrated by their responses in the post-training questionnaires.

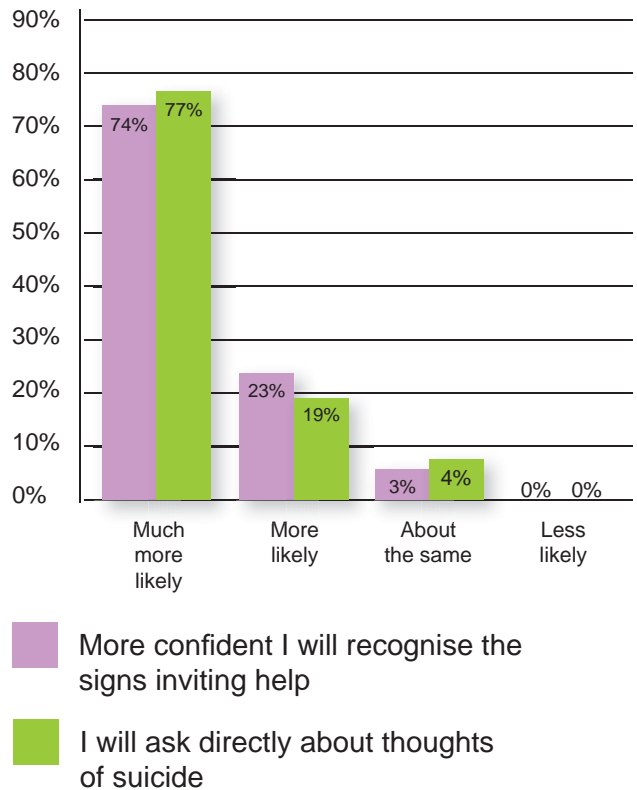
ASIST increased their confidence in recognising when someone was in distress, with 97 per cent saying that they were either more or much more confident, while 96 per cent said that it was more or much more likely that they would ask someone directly if they were thinking of suicide (figure 7).

“Felt so much more confident that I knew what I was doing — this helped me be myself. It really helped me to spot the invitations and to explore what the person was feeling. Because of the training I knew where I was going with the intervention and kept remembering to think about what the person I was helping needed from me. Talking about suicide was not as scary as in the past.”

“Having the confidence to talk to the young people I work with about their suicidal thoughts has really helped. Before I undertook the training it was something I felt uncomfortable with because I was not sure how to take the next step. Having the model in my head feels like I know naturally what to do, putting a safe plan together has demonstrably given the young people I have worked with a feeling of comfort and security and for myself peace of mind that I have done all I can to keep them safe.”

Follow-up survey 2010

Figure 7. After training how much more confident are you that you will recognise the signs inviting help, and how much more likely is it that you will ask directly about suicide?



Knowledge about suicide

In Scotland, the evaluation of ASIST found that participants’ self-reported levels of knowledge, confidence and skills in relation to someone at increased risk of suicide rose considerably immediately after ASIST and these increases were largely maintained over time.⁵ The follow-up questionnaire showed that this is also the case in Wales (figure 6).

The Scottish study also found that participants who had intervened with someone at risk of suicide before attending ASIST were more likely to have sustained the gains in skills, knowledge and confidence achieved through attending the ASIST workshop. Analysis by gender showed that male participants perceived themselves as more confident, skilled, and knowledgeable than females. In

Wales no gender analysis of the data from the interviews and focus groups was undertaken.

This impact on participants' attitudes towards asking about suicide was also demonstrated by the findings of the follow-up questionnaire and the in-depth follow-up study. For many, learning that it is okay to ask someone if they are having thoughts of suicide and that this is not going to influence them to take their own life was something of a revelation. Participants reported that the fear and taboo had been removed from the word suicide and that as a result of the training they felt more confident and comfortable to use it.

Many participants had been surprised at the prevalence of suicidal thoughts and behaviours. For some participants, the stories of those they were training with were particularly striking.

"What I was amazed at was how many people have had personal experiences of people who have committed suicide or succeeded in suicide or who have attempted it. In their personal life as well as their professional life... that was just kind of enlightening... you don't realise the scale of things like that."

"One of the things that surprised me was the number of people who had either had thoughts of suicide themselves or had been affected by suicide in one shape or form."

"I think it did make me realise how many people I know or have known that have either attempted or completed suicide so it brought it home to me the numbers involved."

Follow-up focus groups and interviews 2010



The lack of knowledge about the frequency of suicide and suicidal behaviour probably reflects the prevailing lack of awareness in the general population about how common suicidal thoughts and behaviours are.

ASIST was clearly effective in improving participants' understanding and knowledge in this area. This was a theme that emerged from both the interview and focus group data.

The two follow-up studies also showed that there were major changes in participants' attitudes towards suicide and self-harm as a result of ASIST. Many now understood how common suicidal thoughts and behaviours are and had realised that people experiencing these thoughts can be helped. 95 per cent of those who completed the post-course evaluation questionnaires also said that as a result of ASIST they were more aware or much more aware of how their attitudes towards and experiences of suicide affect helping a person at risk.

It was clear that ASIST provided learning opportunities and participants reported a variety of learning as a result of attending the workshops. For some participants, there had been major changes in their attitudes towards suicide and self-harm. Some participants also reported a better understanding of the role of other organisations and the range of help that is available to people who may be suicidal. There was also an acceptance that despite this some people would go on to complete suicide.

A number of participants interviewed reported that ASIST had significantly changed their attitudes towards people who self-harm or who have died from suicide. Their comments suggest that they had developed a much deeper understanding and greater empathy making them more likely to want to help.



"I'm shocked at this myself in that my whole attitude to asking the question has changed."

"And before the course... perhaps I felt that it was a selfish act... so up until I went on the course I always had that thought in my mind who ever tried to commit suicide, successful or not was that they were being selfish. Coming away from this course my views have totally changed from what I did think to what I think now."

"And the attitude towards it, you know mine, it totally changed my way of thinking."

"And I actually found that it made me incredibly aware of what a dark place that is to be... it changed the way I saw things and it certainly changed my perception of suicide."

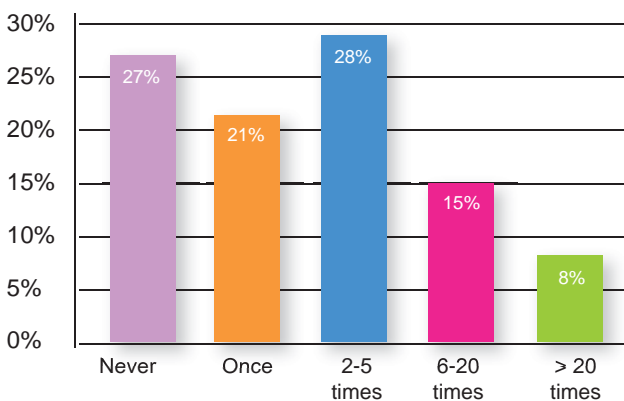
Follow-up interviews 2010

3.4 Does ASIST enhance suicide intervention behaviours?

The evidence that ASIST enhances suicide intervention behaviours is further strengthened by the results of the follow-up studies. Both the follow-up questionnaire and in-depth study showed that ASIST had a considerable impact on the suicide intervention behaviours of participants:

- Only 27 per cent of those who completed the follow-up questionnaire had not used ASIST following the workshop.
- 8 per cent had used the intervention more than 20 times (figure 8).
- 99 per cent of those who responded to a question in the survey on whether or not using the ASIST model had helped them said that it had.
- 97 per cent reported that they felt that ASIST had helped the person at risk.

Figure 8. How many times have you helped a person at risk?



“It gave me courage to ask the question, ‘Are you having suicidal thoughts?’, and to stay with the gentleman in that connection while he talked about his feelings.”

“The model helped me in identifying strategies to keep the person safe. Using the model gave me confidence to ask directly about suicide.”

“ASIST training helped me to have the confidence to discuss suicide openly and to understand and be able to discuss the level of a person’s unhappiness.”

Follow-up survey 2010

Those who completed the follow-up survey reported a variety of ways in which ASIST had helped them when intervening with someone with thoughts of suicide. The most frequently reported benefit was being able to ask directly about thoughts of suicide (figure 9). These reported benefits arising from the training are broadly in line with the behaviour changes anticipated by participants in the post-training questionnaire (figure 7).

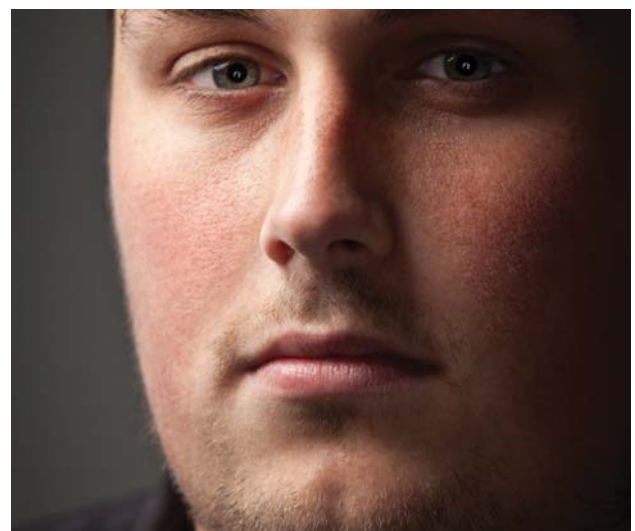
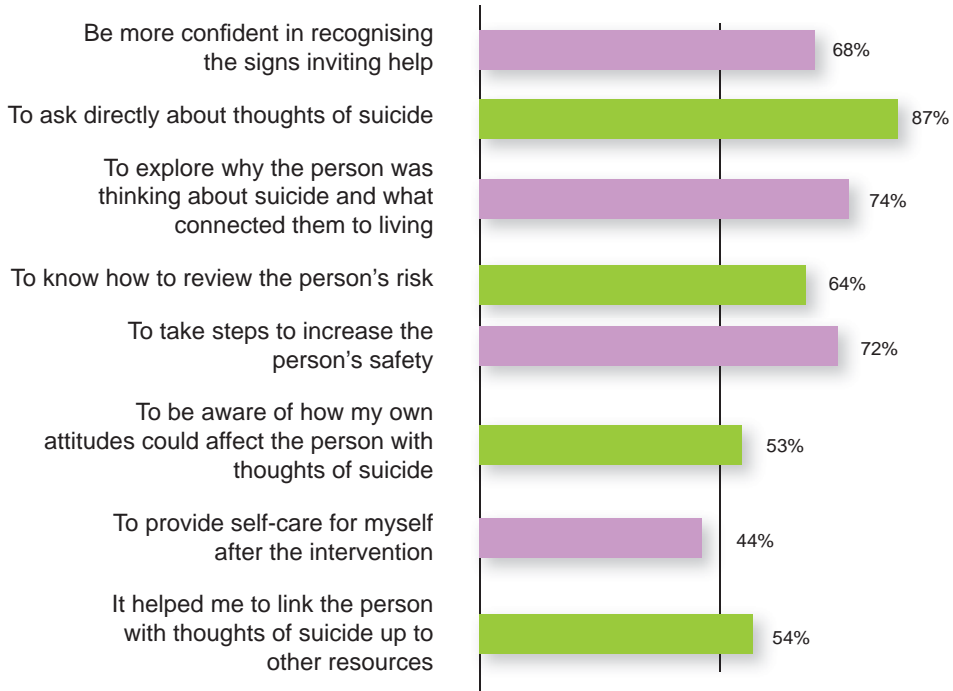




Figure 9. How ASIST helped



“The big thing for me was the importance of the word suicide and killing yourself... and I think I was certainly encouraged on the course, I now know that I can use the words without any detriment to the person at risk.”

“It’s to have the confidence... and I probably wouldn’t have had the confidence to sort of say to somebody, “Are you thinking about suicide?”, because that was something I always avoided... It gave me a little bit more confidence to deal with the situation if it came up... It was about giving me the confidence in my own ability in order to be able to help somebody, really.”

Follow-up interviews 2010

Many participants described their direct experiences of how ASIST had made it more likely that they would ask people if they were having suicidal thoughts. Participants were clearly more confident and comfortable doing this — some described asking someone directly if they felt suicidal and expressed some surprise that those they asked were often relieved or pleased. They also reported that they were more aware of invitations, more likely to notice if someone was showing signs of distress. This included being able to pick up from the language someone used that they were distressed.



“The relief when I asked about suicide was plain in each case, and the way that just listening to them talk about their reasons for wanting to die, I could see how much that meant to them. What really struck me was how much they had gained from talking, so that by the time we got agreeing a safe plan in each of the interventions they were working just as hard as I was to find ways of staying safe.”

Follow-up survey 2010

There was evidence that those who attended ASIST found it relatively easy to put what they had learned in the workshops into practice. With practice, the model became easier for them to use and they appeared to be using it in a more flexible way and in a variety of situations.

“I think here, where we work, it’s transferred really well. From what we sort of learned there to be able to put it into practice. For me it seemed an almost natural step.”

“It certainly left me feeling much more confident to be able to manage a crisis, I suppose the confidence came from just having a clear model to work to.”

“And I felt having done the training I felt much better equipped to do that. I always felt that something else needed to be done and when I did the training I knew how to put an actual safe plan into place.”

Follow-up focus groups and interviews 2010



Confronting suicidal thoughts

In Scotland, asking people directly about whether they were thinking about suicide was seen as one of the most challenging aspects of using the suicide intervention model⁵ as taught in the ASIST training. This seems also to have been the case for some in Wales.

Participants who took part in the interviews and focus groups discussed using the model. As would be expected the more they used the model, the easier they found it to use. It was also apparent that those who used the model regularly found it adaptable and used it flexibly to meet the demands of a particular situation.

Participants also reported that when they used the model it helped to provide them with the reassurance that, whatever the eventual outcome, they had done everything they could for the person with who they had intervened.

The Scottish ASIST evaluation found that most of those who had intervened following the training reported using the model to good effect.⁵ This finding was reflected in Wales where people reported positive feedback from those they had assisted.

Using the model seemed to support reflection on past and current experiences of suicide prevention interventions. For many participants ASIST allowed them to recognise the limits of their responsibility and to realise that they had done all that could.

"I was just quite surprised the first time I used it and I went straight in and she just burst into tears. And they were tears of relief that I had asked her... and it was 'wow' the first time I used it."

"People have been quite shocked that I have been so open with it... it's had the impact of being easier to discuss as a result of that."

"You see the indicators; them searching for the right to speak out."

"It gives you a tool that you notice the invitations more. You pick up the words that are being used, and you notice them more."

"I sat on the bus and this woman in front of me turned around and started to talk to me. We went through the whole thing."

"It is really great. It makes you look at people differently I suppose... analyse what they are saying more."

"I think we're more aware of suicide, take more notice of what people are saying since the training."

"I just pick up on things I probably wouldn't have before."

"I've been friends with M. for years... I went on the course and was speaking to M. about it and she opened up that she felt really, really bad and she could talk openly to me and that was a revelation... M. didn't feel there was a stigma because I'd been on the course... and because of how I was talking and we talk frequently... but she can say anything now, including how she is actually feeling."

"I feel that the customers I've dealt with, with the intervention have actually felt quite supported and have given me feedback afterwards... it's changed me professionally and probably on a personal level because if I had a friend or a member of family that was feeling suicidal I feel that I could even sit with them and really cope with that a lot better."

Follow-up focus groups and interviews 2010



3.5 What impact did ASIST have on organisations?

In Scotland, ASIST was reported to have reduced stigma and raised awareness of suicide within organisations and communities.⁵ The in-depth follow-up study shows that in Wales a similar effect has been seen within organisations where an understanding that suicide prevention is everybody's business is developing.

Participants reported that attitudes towards suicide, self-harm, and mental health issues generally had changed; these topics were discussed more openly and easily.

Where entire teams had been trained significant benefits were reported. ASIST provided a common language and a shared understanding of intervention. This was seen as enhancing team work. The experience of attending the ASIST workshop together was seen as strengthening ties within the team. Where both staff and their managers were trained, managers reported a better understanding of their staff's experience and felt better able to support and supervise them.

"It helped me to value other members of the team and the network for the purpose of this support. It especially helped me to value the presence of our Mental Health Advisor."

Follow-up survey 2010

"I think there's much better understanding within the team... people are far more confident in dealing with people you know who have suicidal ideation. There's not so much dependency on other people within the team... because they know what they need to be doing."

"We had an incident two weeks ago... we were able to do what we were taught to do then and I did feel a lot of support from them and I think during that time we definitely pulled together."

"For the team it means that people can communicate clearly... if anybody comes back and says I've just delivered an ASIST intervention... people immediately know it's a difficult session... it allows to the team to support those practitioners who are undertaking those interventions... it's helped the clients but also the team... to be able to talk through the intervention and get support from others."

Follow-up interviews 2010

Within teams in organisations two main themes emerged. ASIST changed attitudes towards suicide and mental health issues and created a common understanding and language. Within organisations there were three themes — change of attitudes, a greater awareness and discussion of the limits of an organisation's responsibility, and benefits for staff supervision.

“I think when working in a work capacity and you’ve got another member of staff who is ASIST trained I would be more confident... it’s just sort of back-up really.”

“You know there is someone else behind you who can respond too... and when a few heads get together... And it does seem to work better doesn’t it? Rather than being on one person’s shoulder.”

“But I suppose it helps the team to support each other... you know other people have got an understanding if there is something to bring up about it. And also confidence in other team members that they would be able to handle that situation.”

“Much better. If you all know what the rules are then you’re not in the wilderness. You’re all in it together as a team and you can give mutual support to each other before, during and after. That the individual worker won’t feel that they’re on their own dealing with the young person in peril and that’s very positive.”

“There were a couple of people from that organisation so they’re going back with a strength of knowledge to shape policy and procedures.”

Follow-up focus groups and interviews 2010

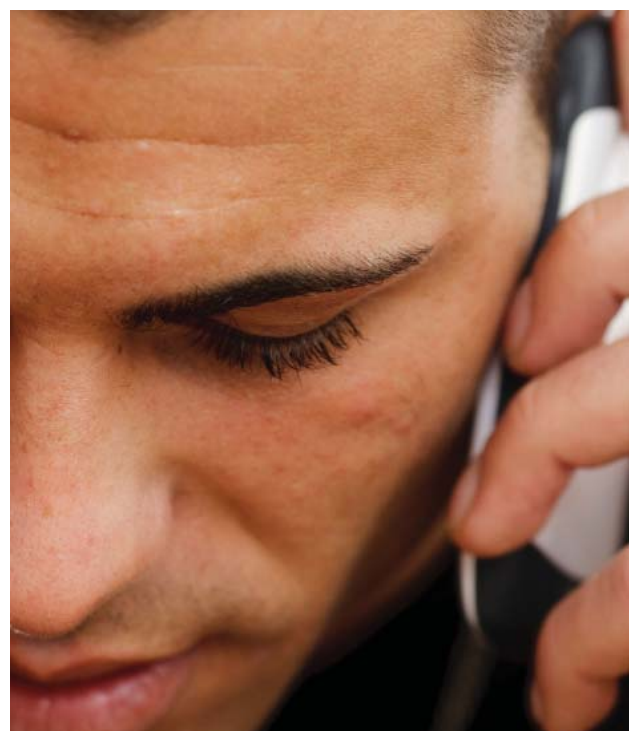
ASIST also seemed to have an impact beyond intervention. Some reported that there had been greater discussion around their organisation’s role and responsibilities and the limits of these. They also felt that

ASIST equipped them to go back and have an influence on organisational policy and procedures. Where both staff and managers were trained in ASIST, managers reported an increased understanding of others’ perspectives.

“Because I think they then develop the same understanding as the staff that they manage and can offer their kind of support when somebody comes back to the office. They might have had a particularly difficult session with a customer and kind of feel reassured that you’ve done everything that you needed to have done with the ASIST model.”

“And it’s good for managers to train on the same programme because they get a good understanding of where practitioners and admin or whoever, then, their point of view.”

Follow-up focus groups and interviews 2010



Multi-agency working

The data collected in the follow-up study provided no evidence that ASIST has had an impact on multi-agency working. Working with statutory mental health services was a particular source of frustration. This seems to have been around differences in the perception of risk presented by individuals expressing suicidal thoughts. Statutory services were seen as being resource strapped and not proactive in identifying and acting on potential suicide risk. This contrasts with the experience in Scotland, where an impact on multiagency working and information sharing was reported in some

areas, although the uptake of ASIST in the statutory sector was said to have been limited.⁵

One of the aims of Positive Choices is to create lasting inter-organisational pathways and networks for understanding and communicating risk and appropriate solutions. It is clear that in organisations where a number or all staff have been trained in ASIST the foundations for this have been laid.

In Wales, it may be the case that it is too early in the project to expect any impact on multi-agency working and future efforts and evaluations could usefully focus on this area.



4 Attitudes towards suicide and self-harm

As well as delivering ASIST, the Positive Choices project raises awareness of suicide and encourages communities to see that suicide prevention is everybody's business. As part of the project, Mind has undertaken some research to explore public attitudes towards suicide and self-harm.

Between October 2008 and April 2009, 200 young people were consulted to gain a greater understanding of young people's knowledge about, and attitudes towards, suicide and help-seeking behaviour. This project provided information on a topic where none had been available. A full report on the project is available from the Positive Choices website.

The project showed that although the young people consulted had some understanding of the risk factors for suicide and self-harm, their knowledge and understanding was limited. Their attitudes towards people who self-harm were generally negative. The young people consulted felt that they do not have sufficient access to advice and support but they were able to suggest a variety of ways in which this might effectively be provided to them.

The most significant issue identified by the project was that although young people were able to list a range of sources of advice and support they reported their reluctance to use these. They had concerns around confidentiality and a lack of confidence in adults to provide them with the help and support they need.

An online survey on the Positive Choices website on public attitudes towards suicide had received 385 responses to date (July 2011). 82 per cent of respondents were

from Wales and 30 per cent were male. 5 per cent were aged 15 to 24 years, 53 per cent 25 to 44, 45 to 64 and 1 per cent 65 or older. 26 per cent had completed ASIST and a further 10 per cent had undertaken other suicide intervention training.

- 94.5 per cent disagreed with the statement, "If someone wants to kill themselves there is nothing you can do".
- 91.3 per cent disagreed with the statement, "Talking about suicide will cause it".
- 94 per cent agreed that anyone can have thoughts of suicide.
- 95 per cent would be prepared to talk to someone having thoughts of suicide.
- 72 per cent said that they would know where to get them help.
- 61 per cent said they had had thoughts of suicide at some point in their lives.
- 30 per cent said they would tell a family member, 45 per cent a friend, 10 per cent a carer or caring person, 37.5 per cent their GP and 20 per cent no one.

There was one open-ended question: "What do you think stops people with thoughts of suicide asking for help?"

There were a range of responses to this but by far the most frequent were shame, stigma and fear. Fear included the fear of being admitted to hospital and the fear of being judged, as well as other people's fear. Lack of hope, worthlessness, and embarrassment were also frequent responses.

5 Conclusion

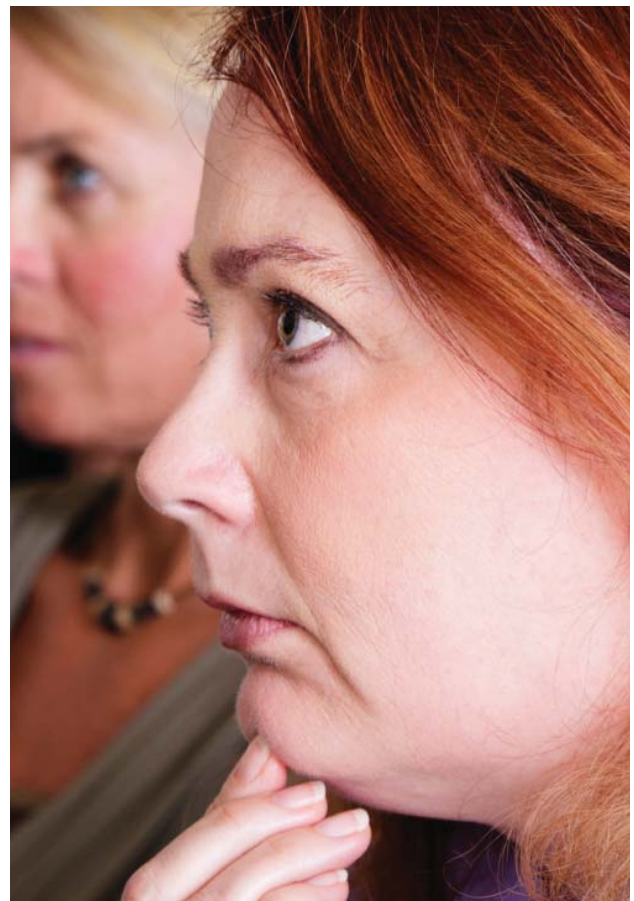
The Positive Choices project is making good progress. The roll-out of ASIST the project is making a positive contribution towards suicide prevention within Wales. It is raising awareness and creating a greater understanding and acceptance that prevention of suicide is everybody's business. Most of those who take part in ASIST workshops have not had any other suicide intervention training. It is evident that participants in ASIST have a very positive reaction to the workshops. They enjoy the training and find that it is relevant to both their professional and personal lives.

ASIST has changed attitudes towards suicide and self-harm. Following the training, participants appreciated the size and impact of the problem and learnt that many people who are suicidal can be helped. The training helped to dispel some of the fear and taboo around the word suicide and helped participants to be more comfortable and more likely to ask about this. Most workshop participants are now more likely to intervene with someone in distress. Many have described their experiences of intervention and find that those they help are often relieved or grateful.

Within organisations, ASIST led to a better understanding of suicide, self-harm and other mental health issues. There appears to be a developing understanding that suicide prevention is everybody's business. In some organisations ASIST had also enhanced team work. This study found that at this stage in the Positive Choices project there is no evidence that ASIST has had an impact on multi-agency working or information sharing. This area should be the focus of future evaluations.

The work on attitudes suggests that adults in Wales who responded to the survey understand that suicide can be prevented and respondents indicate that they are prepared to intervene. The survey was located on the Positive Choices website so the sample is unlikely to be representative of the wider population of Wales.

The survey, however, demonstrates that the methodology works and could be used on a different platform where a broader population could be reached. The work with young people, based on a small but possibly more representative sample, suggests that their attitudes are more negative and there is work to be done in creating a better understanding of suicide and self-harm among this group.





Appendices

Appendix A – Pre-training questionnaire

Appendix B – Post-training questionnaire

Appendix C - Follow-up questionnaire

Appendix D – Outreach survey



Appendix A: Pre-training questionnaire

.....

Course date

Location

1. Is your main reason for attending this programme related to:

- Work Volunteering Personal

2. Which best describes the area in which you work or volunteer

- | | |
|---|--|
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Counsellor | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Criminal justice worker |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Youth worker |
| <input type="checkbox"/> Social services | <input type="checkbox"/> Support worker |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Other |

3. What training in helping a person at risk of suicide have you had before?

- None 1 to 3 hours 1 to 2 days Longer course

4. How many times have you talked directly and openly to a person about their thoughts of suicide?

- Never Once 2 to 5 times 6 to 20 times > 20 times

5. At this time how prepared do you feel to help a person at risk of suicide?

- Not prepared Partly prepared Mostly prepared Well prepared

6. What are you hoping to learn from the ASIST workshop ?

Appendix B: Post-training questionnaire

Course date

Location

7. ASIST has met my learning expectations (question 6)

Strongly agree Agree Partly agree Disagree

8. My trainer was prepared and familiar with the material

9. My trainer encouraged participation and respected responses.

10. Compared to where I was before the training...

Much more likely More likely About the same Less likely

a) I am more confident that I will recognise signs inviting help.

b) I will ask directly about thoughts of suicide.

c) I will explore why someone is thinking of suicide and what connects them to living.

d) I know how to review immediate suicide risk.

e) I could take steps to increase the safety of a person at risk.

f) I am aware of how my attitudes and experiences affect helping a person at risk.

g) I have options for self-care and support in my helper role.

h) I will network with others around suicide safety.

5. How prepared do you now feel to help a person at risk increase their suicide safety?

Well prepared Mostly prepared Partly prepared Not prepared

11. Are you in contact with any of the following high-risk groups?

(This can include contact through work or voluntary activities or in your personal life.)

- | | |
|--|---|
| <input type="checkbox"/> Anyone who self-harms | <input type="checkbox"/> Young males with low skills levels and/or lacking qualifications |
| <input type="checkbox"/> Anyone who is experiencing depression or mental illness | <input type="checkbox"/> Prisoners |
| <input type="checkbox"/> Anyone who is homeless | <input type="checkbox"/> Ex-offenders |
| <input type="checkbox"/> Anyone who is abusing substances or alcohol | <input type="checkbox"/> Members of rural communities |
| <input type="checkbox"/> Refugees and/or people seeking asylum | <input type="checkbox"/> Those not in education, training or employment |



13. What are you most likely to do differently as a result of this workshop?

14. Would you recommend this training to others?

Yes No

15. How did you find out about this programme?

16. My comments may be quoted anonymously to promote ASIST

Yes No

Other comments

Thank you very much for your feedback – it will inform the work of the Positive Choices project and influence future policymaking within the Welsh Assembly Government.

Appendix C: Follow-up questionnaire

Positive Choices Project ASIST follow-up survey

Thank you for taking some time to complete the ASIST follow-up survey. Data collected will be used in reports to the Welsh Assembly Government, funders and other stakeholders. All data will be anonymised.

We are also looking for people willing to take part in a 20-minute telephone interview about their experience of using ASIST. We will arrange to phone at a time that is convenient for you, and all information gathered in this way will be confidential. We will not share your contact details with anyone else. If you would like to take part please indicate your willingness at the end of the form.

Thank you

The Positive Choices team

1. How long is it since you attended an ASIST course?

- 2-6 months 7-12 months 19-24 months > 2 years

2. At this moment in time, how prepared do you feel to help a person at risk of suicide?

- Not prepared Partly prepared Mostly prepared Well prepared

3. How many times have you talked directly and openly to a person about their thoughts of suicide since you attended an ASIST course?

- Never once 2 to 5 times 6 to 20 times > 20 times

4. How soon after training did you do your first intervention?

- Within a week Within a month Within six months Within a year

5. Did you feel that using the ASIST model helped you?

- Yes No

6. It helped me

- a) Be more confident in recognising the signs inviting help
- b) To ask directly about thoughts of suicide
- c) Explore why the person was thinking about suicide and what connected them to living
- d) To know how to review the person's risk
- e) To take steps to increase the person's safety
- f) To be aware of how my own attitudes could affect the person with thoughts of suicide
- g) To provide self-care for myself after doing the intervention
- h) To link the person with thoughts of suicide up to other resources
- i) Other (please describe how below)



7. In your opinion, did using the ASIST modle help the person at risk?

Yes No

Please describe how

8. Do you feel that a follow-up training to the ASIST course would be beneficial?

Yes No

Comments

9. How would you describe your gender?

Male Female

Other (please specify)

10. What is your age band?

15-24 25-44 45-64 > 65

11. What are the first four characters of your postcode (optional)?

12. Would you be willing to support the Positive Choices project by taking part in a 20-minute telephone interview about the training and its impact?

Yes No

13. Please enter your contact details here.

Name

Organisation/Dept
(if applicable)

Phone number

14. What time of day would be most convenient for you?

*Thank you for taking the time to fill in this questionnaire.
Your contribution is invaluable to us.*

Appendix D: Outreach survey

(draft) Positive Choices Project website outreach survey

Thank you for taking some time to complete this survey about attitudes towards suicide. Your responses will inform the Positive Choices project, and will be used in reports to the Welsh Assembly Government, funders and other stakeholders. All data will be anonymised.

If you are having thoughts of suicide or are worried about someone else, please find someone to talk to. Click this link for a list of helplines and other resources:

<http://www.positivechoices-wales.org/en/NeedHelp.html>

Thank you

The Positive Choices team

1. Anyone can have thoughts of suicide.

Agree Disagree Don't know

2. If someone wants to kill themselves there is nothing I can do.

Agree Disagree Don't know

3. Talking about suicide will cause it.

Agree Disagree Don't know

4. If I thought someone I knew might be having thoughts of suicide, I would be prepared to talk to them about it.

Agree Disagree Don't know

5. If I thought someone I knew might be having thoughts of suicide, I would know where to get them help

Agree Disagree Don't know

6. Where would you get them help?

7. What do you think stops people with thoughts of suicide from asking for help?

8. Have you ever had thoughts of suicide?

Yes No

9. If you were having thoughts of suicide, who would you tell?

Family Co-worker

Friend GP

Clergy No one

Carer/caring person Don't know

Other (please specify)



10. Please indicate your gender?

Male Female Transgender

11. Please indicate your age band?

Under 15 15-24 25-44 45-64 65 and older

12. Please indicate where you live?

Wales England Northern Ireland Scotland

Outside UK (please specify country)

13. Please enter the first four digits of your UK postcode

14. Have you attended an ASIST or other suicide intervention skills training?

No ASIST Other

Thank you for taking the time to fill in this questionnaire.

Your contribution is invaluable to us.

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